



WASHINGTON STATE
DEPARTMENT OF ECOLOGY

Attn: DW Notifications
M/S PV-11
Olympia, WA 98504-8711
(206) 459-6387

FORM 2

Add
WAD988476933

DEPARTMENTAL USE ONLY

INIT. DATE

REVIEW

LOG

G/WAC

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

1. ☒ A. FIRST NOTIFICATION

(No previous application has been made for this site)

☐ C. WITHDRAW SITE I.D. NO. DATE

(Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in Part 1F.)

☐ E. CANCEL SITE I.D. NO. DATE

(Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in 1F.)

☐ B. REVISED NOTIFICATION DATE

(Enter existing site I.D. No. in Part 1F. List sections you revised:)

☐ D. REACTIVATE SITE I.D. NO. (Complete all sections of the form. Enter previously assigned I.D. No. in Part 1F.)

☐ F. EXISTING I.D. NO.

(Complete for items 1B, C, D & E only)

W A

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER		2.B. SIC CODE(S)	
601-062-665		3275	
2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE <i>Manufacture of Gypsum Wallboard</i>			
3. NAME OF INSTALLATION			
DOMTAR GYPSUM INC			
4. LOCATION OF INSTALLATION			
Street			
1240 ALEXANDER AVE			
County Name			
PIERCE			
City or Town		State	ZIP Code
TACOMA		WA	98421-
5. INSTALLATION MAILING ADDRESS			
Street or P.O. Box			
1240 ALEXANDER AVE			
City or Town		State	ZIP Code
TACOMA		WA	98421-
6.A. INSTALLATION CONTACT			
Name (last)		(first)	
SHIFFER		GARY	
Job Title		Phone Number	
HUMAN RESOURCES		206-627-2108	
6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions) BOX 1 <input type="checkbox"/> BOX 2 <input checked="" type="checkbox"/>			
Street or P.O. Box			
City or Town			
State			
ZIP Code			
7.A. NAME OF INSTALLATION'S LEGAL OWNER			
DOMTAR GYPSUM INC			
Street, P.O. Box, or Route Number			
P O BOX 543			
City or Town		State	ZIP Code
ANN ARBOR		MI	48106-
7.B. PROPERTY OWNERSHIP (If ownership is different than 7.A. provide address in section 11.)			
7.C. OWNER TYPE			
7.D. PROPERTY TYPE			
P			
O			

NAME OF INSTALLATION DOMTAR GYPSUM INC
(Same as item No. 3)

EPA I.D. NO. _____

8. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 8.A., 8.B., or 8.C. below that may apply).

8.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
(Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility:
(1) ☐ Treatment (2) ☐ Storage (>90 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
6c. ☐ Burner. (COMPLETE 8c.—TYPE OF COMBUSTION DEVICE)

8.B. USED-OIL FUEL ACTIVITIES.

- ☒ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☒ Other Marketer 1c. ☐ Burner (Complete 8c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

8.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

9. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 8 and 10-12) not needed on continuation sheets)

A. N U M B E R	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER (Refer to WAC 173-303)	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. W E I G H T
1	WASTE OILS	F001	4000	P

10. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 10.D. indicate maximum to be accumulated on-site prior to shipment.

- 10.A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE
- 10.B. ☒ PER MONTH QUANTITY WEIGHT CODE
- 10.C. ☒ ONE-TIME-ONLY QUANTITY WEIGHT CODE
- 10.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY WEIGHT CODE

11. COMMENTS #70 - Property is leased from the Port of Tacoma.

12. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE Gary Shiffer NAME AND OFFICIAL TITLE (type or print) Gary Shiffer DATE SIGNED 9/10/90
HR MGR

